

Work Order ID 100116

April-18-13 9:26:36 AM

ASAP

100116

Page 1

Item ID: 646.3711

Revision ID:

Item Name: Clip

Start Date: 4/18/13

Start Qty: 10.00

10

Required Date: 4/25/13

Req'd Qty: 10.00

10

Reference:

Accept

N9000040100

Setup Start

NS1

Stop

NS2

Cust Item ID:

Customer:

Approvals:

Process Plan:

MLJ

Date: 130418

Tooling:

Date:

QC:

Date:

SPC (Y/N):

Date:

Run Start

NR1

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
646.3700	A								

110

0.00

110

Waterjet

Memo

0.00

FLOW CNC Waterjet

6061.063

1-Cut as per Dwg

Dwg Rev: A

Prog Rev: A

2-Deburr if necessary

12 0 Jm 13-4-19

120

QC2- Inspect parts off machine FAI/FAIB

0.00

120

QC

Memo

0.00

Quality Control

12 0 Jm 13-4-19

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped.	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

Work Order ID 100116

April-18-13 9:26:36 AM

100116

Page 2

Item ID: 646.3711

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Clip

Start Date: 4/18/13 Start Qty: 10.00

10

Cust Item ID:

Required Date: 4/25/13 Req'd Qty: 10.00

10

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____
QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Run Start *NR1*

Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130 *130* QC Quality Control	QC8- Inspect parts - second check Memo	0.00 DAS 27 134.19				12			
140 *140* Brake NC Brake NC	Form as per dwg Memo	0.00 0.00				11	1		PTO SP 13/2/23
150 *150* QC Quality Control	QC5- Inspect part completeness to step on W/O Memo	0.00 0.00 DAS 27 134.23				11			

NCR: ☒ Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA *[Signature]* Date: 13/05/23QA Closed: *[Signature]* Date: 13/5/23

Work Order: <u>100116</u>	DISPOSITION Rework <input type="checkbox"/> Scrap <input checked="" type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS			
Part No. <u>646.371</u>		Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>
NCR No. <u>13-2647</u>		Machining <input type="checkbox"/>	Small Fab <input checked="" type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>
		Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>
		Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup	13/04/23	140	1	1 piece scrap out of tolerance at the set up QTY ①	<i>[Signature]</i> Q52042 13/05/22	Scrap & destroy No replace <i>\$ 25.00</i>	<i>[Signature]</i> 13/04/23	AS 27 13424	<i>[Signature]</i> Q52042 13/05/22
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear	General
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio
	<input type="checkbox"/> Grain
	<input type="checkbox"/> Hardware
	<input type="checkbox"/> Inspection Incomplete
	<input type="checkbox"/> Instructions Incomplete/Unclear
	<input type="checkbox"/> Maintenance
	<input type="checkbox"/> Mislabeled
	<input type="checkbox"/> Misread
	<input type="checkbox"/> Offset
	<input type="checkbox"/> Out of Calibration
	<input type="checkbox"/> Out of Sequence
	<input type="checkbox"/> Outside Dimensions
	<input type="checkbox"/> Ovalized
	<input type="checkbox"/> Over/Under tolerance
	<input type="checkbox"/> Part Incorrect
	<input type="checkbox"/> Part Lost/Missing
	<input type="checkbox"/> Part Moved
	<input type="checkbox"/> Positioned Wrong
	<input type="checkbox"/> Power Loss/Surge
	<input type="checkbox"/> Pressure/Forced
	<input type="checkbox"/> Temperature/Cure
	<input type="checkbox"/> Weld
	<input type="checkbox"/> Wrong Stock Pulled
	<input type="checkbox"/> Other

April-18-13 9:26:36 AM

100116

Reference:

Accept

N900040100

Setup Start *NS1*

Stop *NS2*

Cust Item ID:

Customer:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start *NR1*

QC:

Date:

SPC (Y/N):

Date:

Stop *NR2*

[illegible]

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
---	---	--

Work Order ID 100116

April-18-13 9:26:36 AM

100116

Page 4

Item ID: 646.3711

Accept

N900040100

Setup Start *NS1*

Revision ID:

Item Name: Clip

Stop *NS2*

Start Date: 4/18/13 Start Qty: 10.00

10

Cust Item ID:

Required Date: 4/25/13 Req'd Qty: 10.00

10

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____
QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Run Start *NR1*

Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
190		0.00							
190									
SprayPaint	Memo	0.00							
Spray Painting	PRIME IAW MIL-P-23377J TYPE1 CLASS N AS PER DWG. (SEE NOTE 2)								
	BATCH: 125452								
200	QC14- Inspect Spray Paint	0.00							
200									
QC	Memo	0.00							
Quality Control									
210	Identify as per dwg & Stock Location: 57536	0.00							
210									
Packaging	Memo	0.00							
Packaging	***IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV***								

C2

13/05/06

Prime@ A-IG

12

43/01/12

12

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
---	---	---	--	---

Work Order ID 100116

April-18-13 9:26:36 AM

100116

Page 5

Item ID: 646.3711

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Clip

Start Date: 4/18/13 Start Qty: 10.00

10

Cust Item ID:

Required Date: 4/25/13 Req'd Qty: 10.00

10

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____
QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Run Start *NR1*

Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
220	QC21- Final Inspection - Work Order Release	0.00							
220									
QC	Memo	0.00							
Quality Control									

13/5/21
MCS 13-05-17

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
---	---	---	--	---

Picklist Print

April-18-13 9:26:40 AM

Page 1
T

Work Order ID: 100116

Parent Item: 646.3711

Parent Item Name: Clip

100116
646.3711

Start Date: 4/18/13

Required Date: 4/25/13

Start Qty: 10.00

Required Qty: 10.00

Comments: IPP REV:A 12.11.23 NEW ISSUE DD VERF:JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
---------------------------------	------------------------	---------------	-------------	---------------------	------------------	-----------------	--------------------	----------------	-------------	--------------	---------------	----------------	--------

M6061T6S.063

Purchased

No

110

sf

220.8625

0.036

0.378947

M6061T6S 063

6061-T6 .063 Sheet

**

0.5

JMB-4-19

Location

Loc Qty

Loc Code

MAT021

220.8625

123135

120.5625

124003

100.3

124003

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

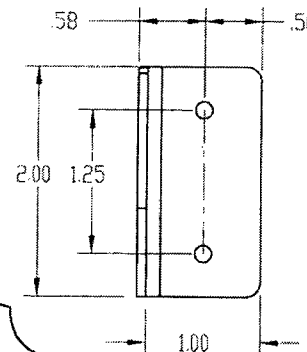
APICAL INDUSTRIES, INC.	ENGINEERING CHANGE NOTICE NO. 03702				SHEET 1 OF 2	
	DWG NO. 646.3700	REV: A	PREPARED BY B. PETERS	DATE: 11/15/12	EFFECT ON DWG <input type="checkbox"/> INC. <input checked="" type="checkbox"/> UNINC.	
	DWG TITLE: SHEETMETAL					
	APPROVED BY: ENGR <i>[Signature]</i>	MFG <i>[Signature]</i>	QC <i>[Signature]</i>	EFF: NEXT ORDER		
TRANSACTION CODES (TC): A-ADD C-CREATE R-REVISE D-DELETE	REASON: ADDED ALTERNATE MATERIAL AND REVISED REFERENCE DIMENSIONS				EOR: D-12-010	

SHEET 1, ZONE A2 IS:

IS

△ PRIMARY MATERIAL: ALUMINUM 6061-T6 PER AMS-QQ-A-250/11
ALTERNATE MATERIAL: SS 17-4 PH PER AMS 5604

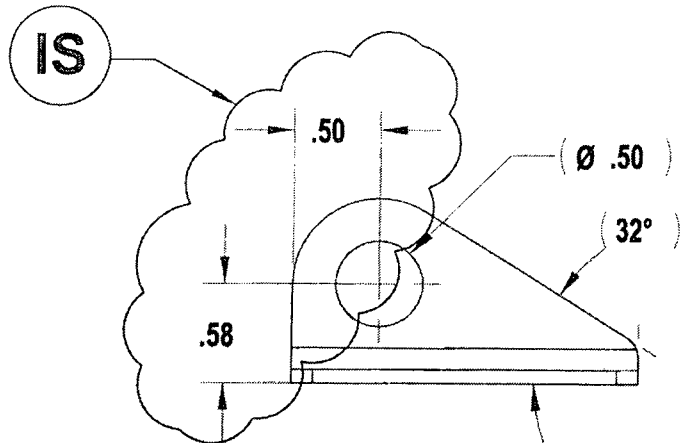
IS



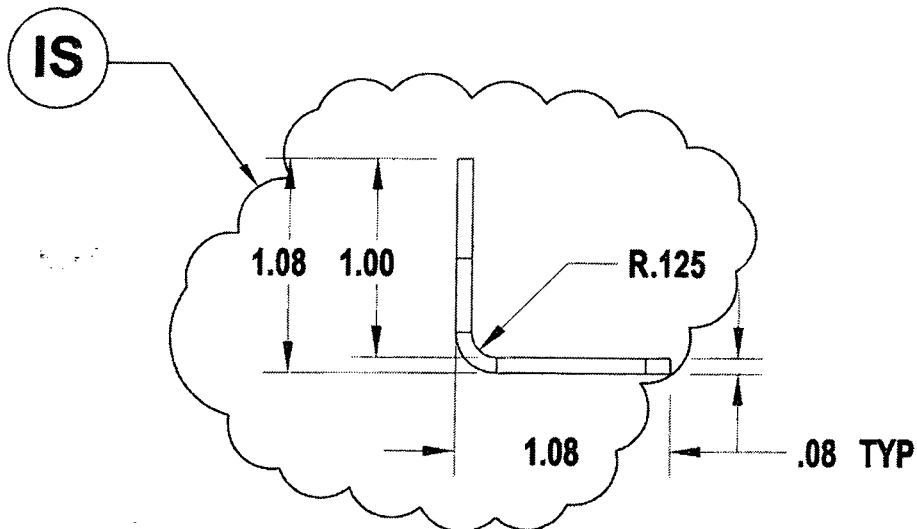
STAMPED
UNCL
STAMPED
W/CL
NO. 100.116 MJS
1304-18

SHEET 7, ZONE B1 IS:

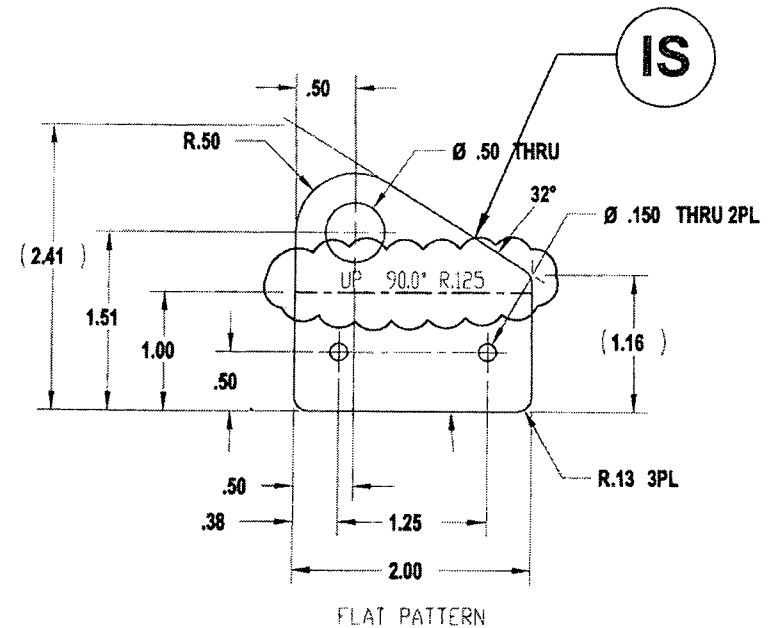
F/N	TC	PART NUMBER	QTY	DESCRIPTION	MATERIAL	SPECIFICATION
DOCUMENTS EFFECTED:					CHANGE CATEGORY	DER REVIEW REQUIRED
<input type="checkbox"/> RFMS <input type="checkbox"/> MDL <input type="checkbox"/> INSTALL INSTRUC <input type="checkbox"/> ICA <input type="checkbox"/> BOM					<input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> MINOR	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO



SHEET 7, ZONE C4 IS:



SHEET 7, ZONE D1 IS:



SHEET 7, ZONE B7 IS:

F/N	TC	PART NUMBER	QTY	DESCRIPTION	MATERIAL/SPECIFICATION
-----	----	-------------	-----	-------------	------------------------

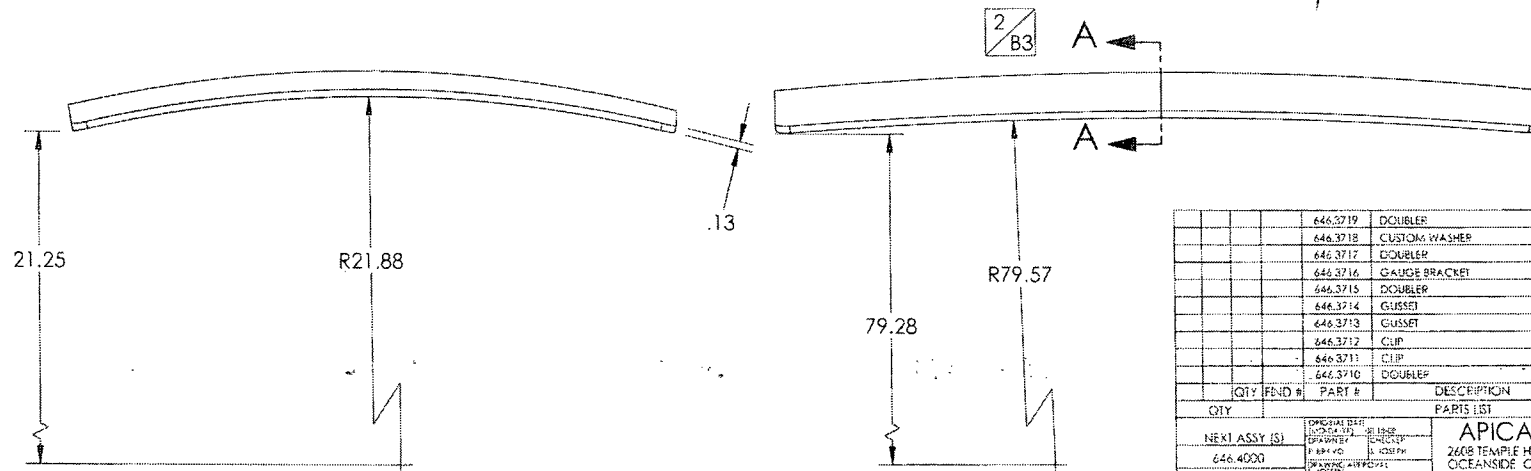
NOTES:

1. MATERIAL: ALUMINUM 6061-T6 PER AMS-QQ-A-250/11
2. FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III, CLASS 2, COLOR BLACK;
CARDINAL 4860-50 PRETREATMENT PRIMER
PRIME IAW MIL-P-23377J TYPE I CLASS N
3. MATERIAL: 17-4 PH AMS 5604, CONDITION H900
4. FINISH: PRIME IAW MIL-P-23377J TYPE I CLASS N
5. DEBURR AND BREAK ALL SHARP EDGES
6. IDENTIFY IAW MPP-120

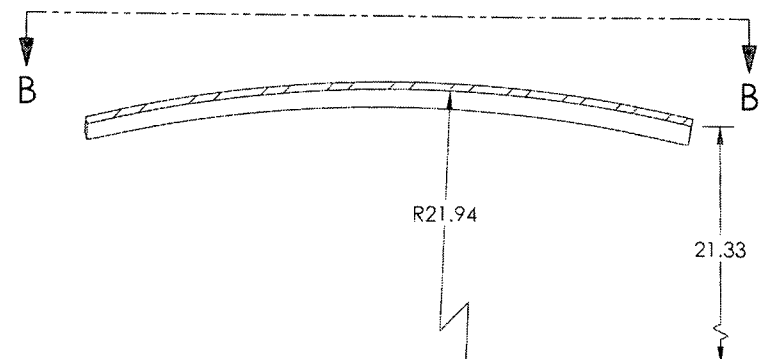
646.3710

UNINCORPORATED ECN(S)

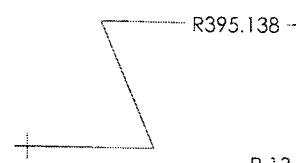
03702



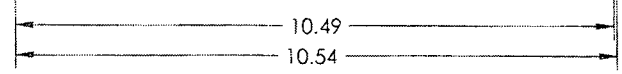
QTY	PNL NO	PART #	DESCRIPTION	MATL	SPEC.
		646.3719	DOUBLER		
		646.3718	CUSTOM WASHER		
		646.3717	DOUBLER		
		646.3716	GAUGE BRACKET		
		646.3715	DOUBLER		
		646.3714	GUSSET		
		646.3713	GUSSET		
		646.3712	CLIP		
		646.3711	CLIP		
		646.3710	DOUBLER		
PARTS LIST			SHEET METAL		
NEXT ASSY (S)			APICAL INDUSTRIES		
646.4000			2408 TEMPLE HEIGHTS DR.		
			OCEANSIDE, CA 92056-3512 (760) 724-6330		
			SHEET METAL		
			646.3700		
			SCALE: NONE		
			SHEET 1 OF 9		



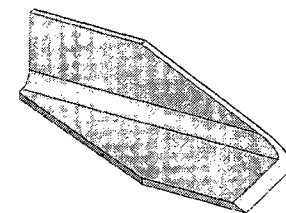
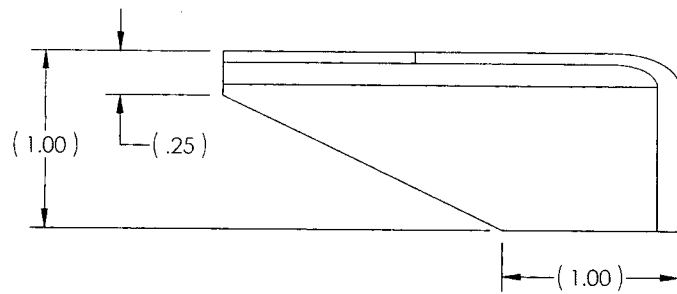
SECTION A-A



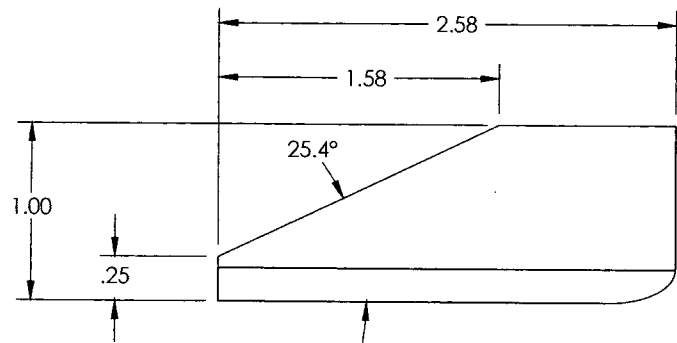
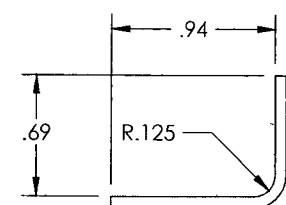
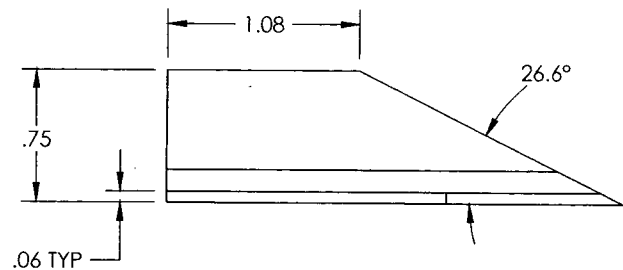
SECTION B-B



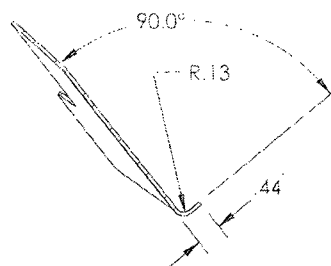
ORIGINAL DATE		APICAL INDUSTRIES	
1/20/01 10:58:40		2608 TEMPLE HEIGHTS DR.	
DRAWN BY: P. S. S. / S. J. S.		OCEANSIDE, CA 92056-3512 (760)724-5300	
CHECKED BY: S. J. S.		SHEETMETAL	
DATE: 1/20/01		SHEET 2 OF 9	
SCALE: NONE		646.3700	



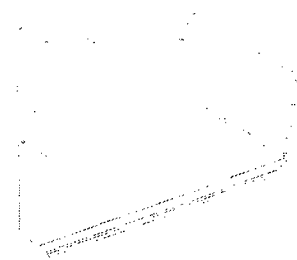
646.3711 SHOWN
646.3712 OPPOSITE



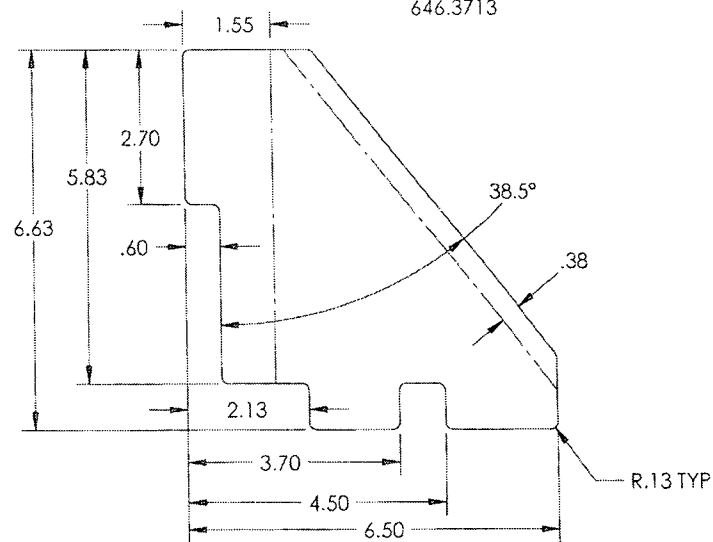
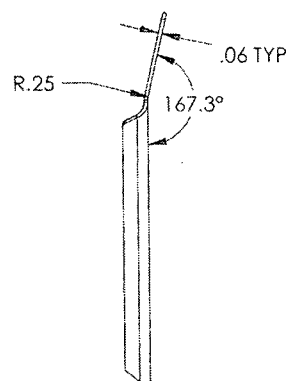
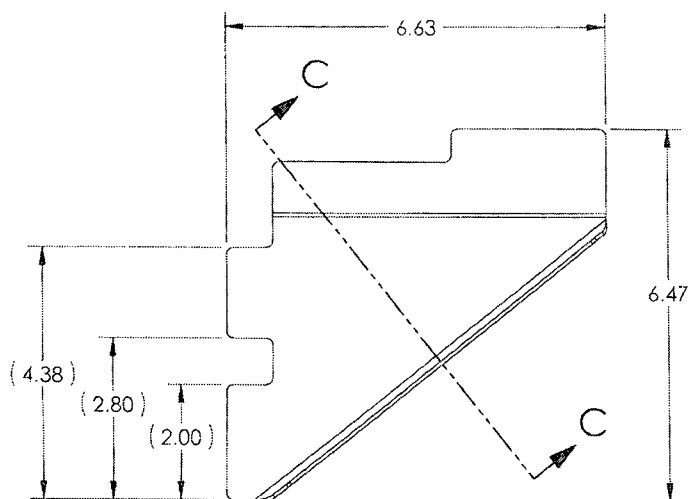
NEXT ASSY (S)	ORIGINAL DATE	08-18-08	APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300 SHEETMETAL	
	DRAWN BY	CHOCYER		
	P. BRAVO	J. JOSEPH		
	DESIGNED BY	J. JOSEPH		
	DATE	08-18-08	SHEET 3 OF 9	
	CONTRACT NO.			
	UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE: 2 PLACE DECIMALS ±.01 3 PLACE DECIMALS ±.005 ANGLES ±.5°		REV.	
			8	07M26
	SCALE: NONE		DWG. NO.	646.3700



SECTION C-C



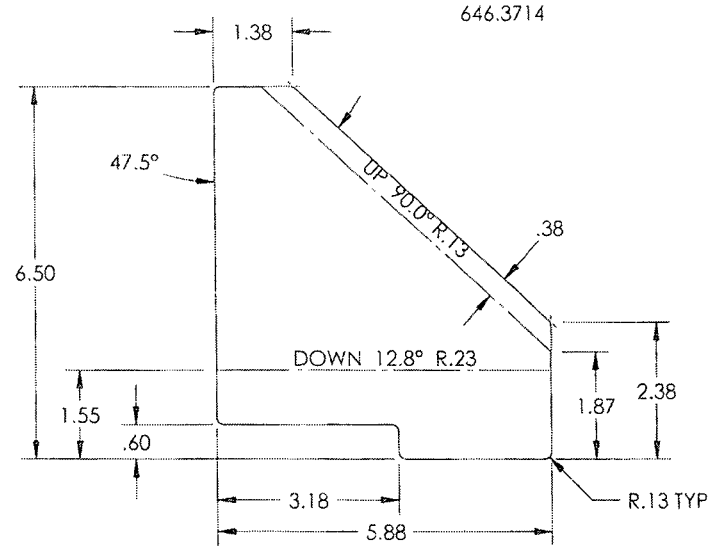
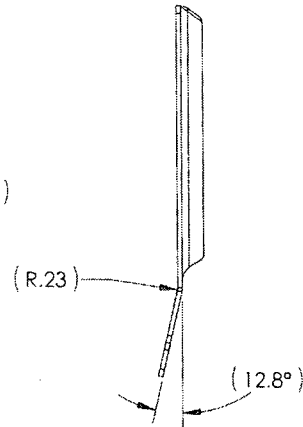
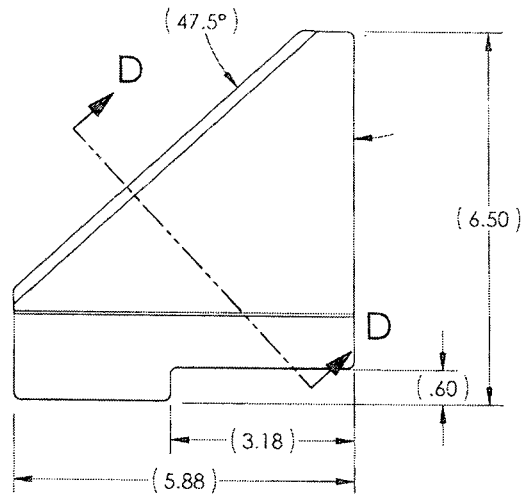
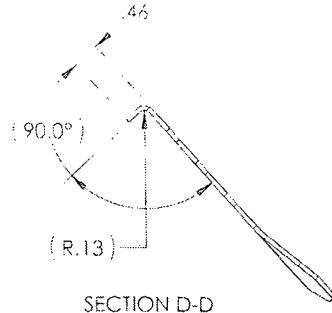
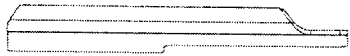
646.3713



FLAT PATTERN

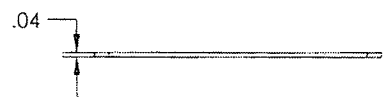
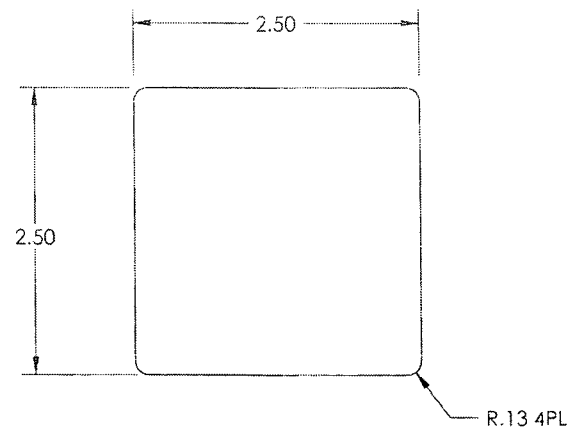
NEXT ASSY (S)	ORIGINAL DATE	CB 15.00	APICAL INDUSTRIES
	DESIGNED BY	CHW/TE	
	DRAWN BY	J. ROSEN	2608 TEMPLE HEIGHTS DR. OCEANSIDE CA. 92056-3512 (760) 724-5200
	CHECKED BY		
	DATE		SHEETMETAL
	QUANTITY SPECIFIED		SEE EACH POKK DOWD NO
	QUANTITY ORDERED		
	QUANTITY SHIPPED		B 07M26
	QUANTITY IN STOCK		
	QUANTITY IN TRANSIT		SCALE: NONE
	QUANTITY IN PROCESS		
	QUANTITY IN RECEIPT		SHEET 4 OF 9
	QUANTITY IN INVENTORY		

646.3700



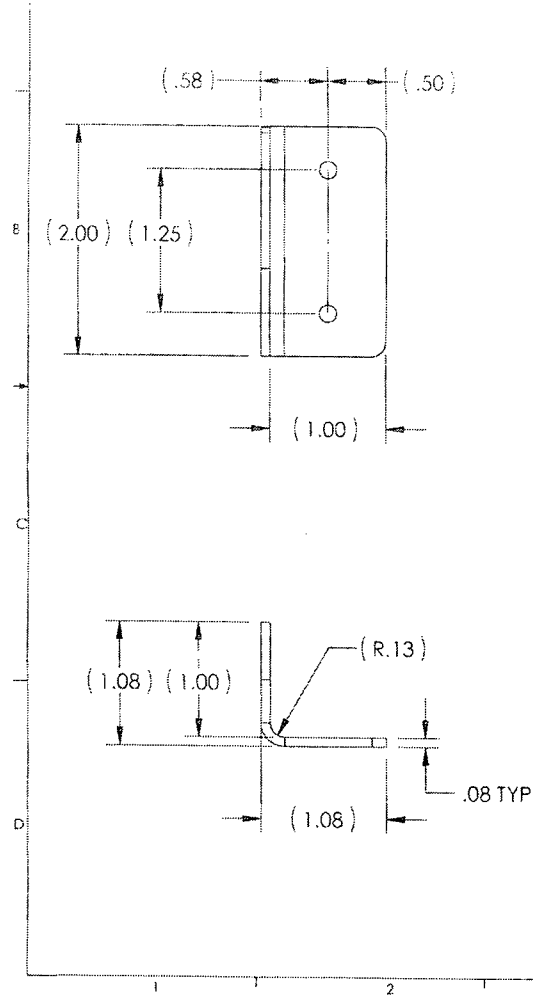
FLAT PATTERN

OPERATOR: [blank] DATE: [blank] CHECKED: [blank] DESIGNED: [blank] DRAWN: [blank] SCALE: [blank]		APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3612 (760)724-5300	
SHEETMETAL		646.3700	
SHEET 5 OF 9		SCALE: NONE	

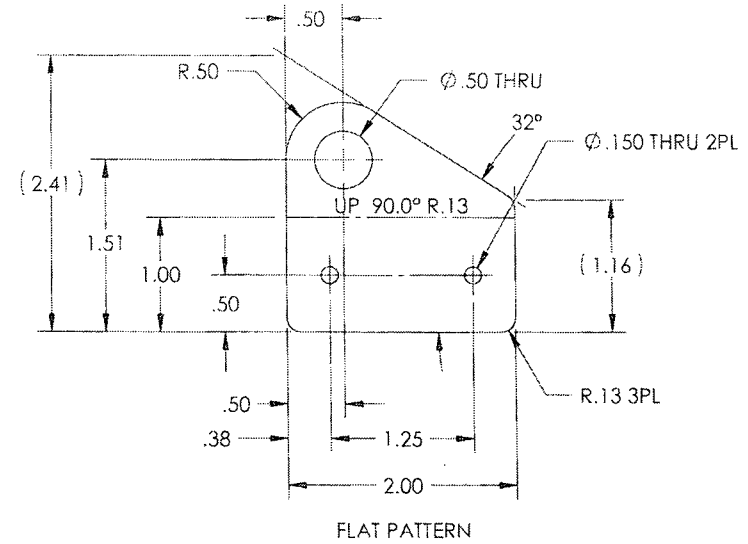
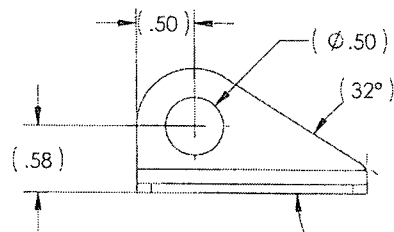


646.3715

NEXT ASSY (S)	ORIGINAL DATE	06-18-08	APICAL INDUSTRIES	
	DESIGNED BY	DRUCKER		
	DRAWN BY	JOSEPH	2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056 3512 (760)724-5300	
	DATE	06-18-08		
	DESIGNED APPROVAL		SHEETMETAL	
	BY			
	DATE		646.3700	
	BY			
	DATE		SCALE: NONE	
	BY			
	DATE		SHEET 5 OF 7	
	BY			

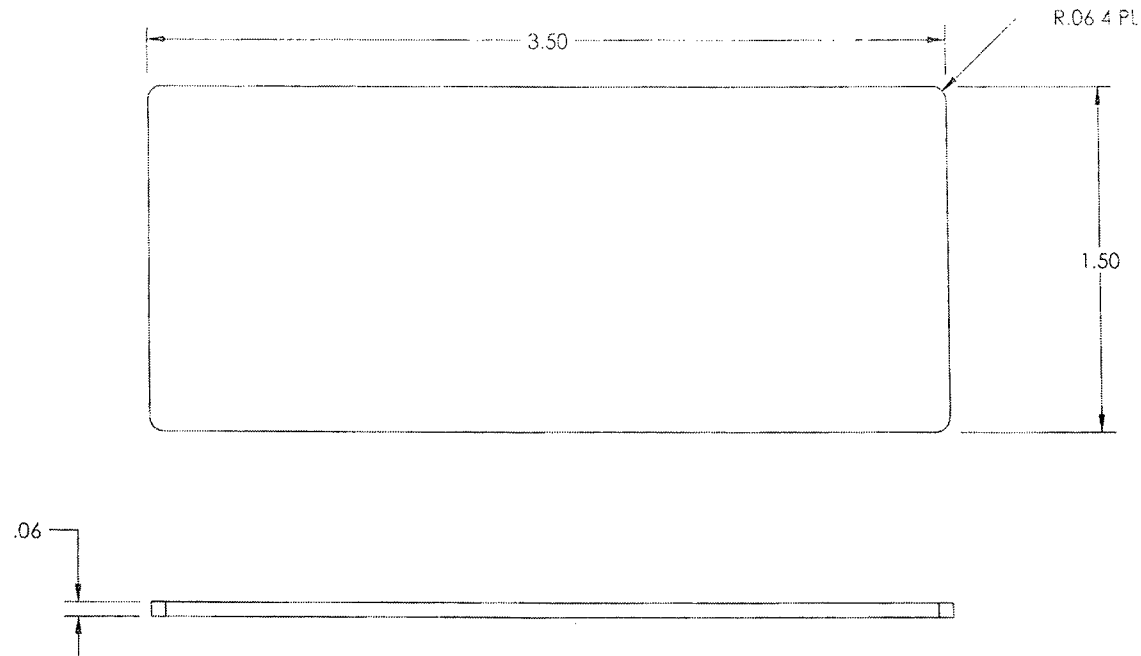


646.3716

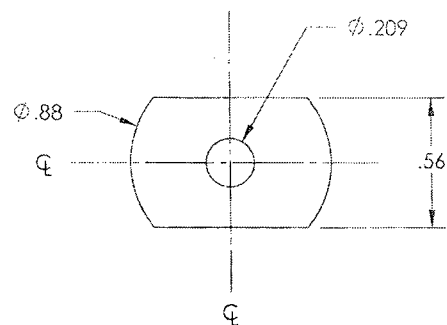


NEXT ASSY (S)	ORIGINAL DATE 6/21/08	APICAL INDUSTRIES				
	DATE OF LAST REVISION	2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA 92056-3512 (760) 724-5300				
	DRAWN BY P. B. W. J.	CHECKED BY J. H. W. J.	SHEETMETAL			
	REVISIONS					
1	DATE	BY	REV.	SHEET 1 OF 1		
	DATE: 08/01/08 DRAWN: J. H. W. J. CHECKED: J. H. W. J. SCALE: 1:1				646.3700	
	SHEET 1 OF 1				SHEET 1 OF 1	
	SHEET 1 OF 1				SHEET 1 OF 1	

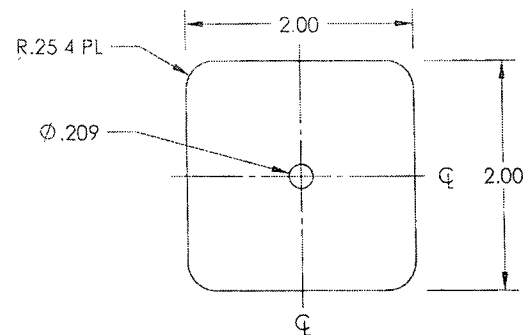
100116



NEXT ASSY (S)		ORIGINATOR DATE	08-15-08	APICAL INDUSTRIES	
		DESIGNED BY	D. JOSEPH	2608 TEMPLE HEIGHTS DR.	
		DRAWN BY	D. JOSEPH	OCEANSIDE, CA. 92055-3512 (760)724-5300	
		CHECKED BY	D. JOSEPH	SHEETMETAL	
		DATE	08-15-08	SHEETMETAL	
		OTHER COMMENTS		SHEETMETAL	
		UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE: FRACTIONS DECIMALS ANGLES		SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
				SHEETMETAL	
		</			



646.3718



646.3719

NEXT ASSY (S)	DESIGN DATE	08-18-06	APICAL INDUSTRIES 2409 TEMPLE HEIGHTS DR. OCEANSIDE, CA 92056-3512 (760) 724-5300		
	DESIGNED BY	C. JOSEPH			
	DRAWN BY	C. JOSEPH			
	CHECKED BY				
UNLESS OTHERWISE SPECIFIED		SHEET		6	OF 10
DIMENSIONS ARE IN INCHES		DRAWN		07/16/06	646.3700
TOLERANCES ARE:		SCALE		1:1	
FRACTIONS DECIMALS		SHEET		1 OF 1	
FRACTIONS DECIMALS		SHEET		1 OF 1	



A.T.G. Industries Inc.
731, rue Industrielle Rd.
PLATING DEPARTMENT
Rockland, On K4K 1T2
Canada
Ph: (613) 446-4544
Fax: (613) 446-4556

Pack List

Number: 62386

Date: 17-May-13

To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ship To


DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms		Ship Via	
Quantity	Description		
1 lot	Part: ASST 12 PCS 646.3011 17 PCS 646.3410 16 PCS 646.3411 11 PCS 646.3711 11 PCS 646.3712 12 PCS 646.3714 10 PCS 646.3716 HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2 PRIME PER MIL-P-23377J TYPE I CLASS N Job: 20130293 PO: 19794	Rev:	Line:
<p>Certificate of Conformance</p> <p>A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.</p> <p>ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY</p> <p>DATE: <u>17/5/13</u></p> <p>CERTIFIED SIGNATURE: <u></u></p> <p>RECEIVER SIGNATURE: _____</p>			